

NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/443,072	11/18/99	705	2768	483-001

BRIAN A. ROSENFELD MD, BALTIMORE, MD; MICHAEL BRESLOW, LUTHERVILLE, MD.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

OK

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

OK

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

OK

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/05/00 \*\* SMALL ENTITY \*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
US 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MD	56	14	2
and Acknowledged	Examiner's Initials <u>OK</u> Initials _____				

ROBERTS ABOKHAIR & MARDULA LLC  
SUITE 1000  
1800 SUNRISE VALLEY DRIVE  
ESTON VA 20191-5302

SYSTEM AND METHOD FOR PROVIDING CONTINUOUS, EXPERT NETWORK CRITICAL  
ARE SERVICES FROM A REMOTE LOCATION(S)

G FEE IVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20503  
www.uspto.gov

## \*BIBDATASHEET\*

CONFIRMATION NO. 6723

Bib Data Sheet

SERIAL NUMBER 09/443,072	FILING DATE 11/18/1999  RULE	CLASS 705	GROUP ART UNIT 3627	ATTORNEY DOCKET NO. 483-001
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## APPLICANTS

BRIAN A. ROSENFELD MD, BALTIMORE, MD;

MICHAEL BRESLOW, LUTHERVILLE, MD;

\*\* CONTINUING DATA \*\*\*\*\*

60/141,520 6/23/99

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 01/05/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions Met after Allowance	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 56	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature 	Initials 			

## ADDRESS

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PESTON, VA

201915302

## TITLE

SYSTEM AND METHOD FOR PROVIDING CONTINUOUS, EXPERT NETWORK CRITICAL CARE SERVICES  
FROM A REMOTE LOCATION(S)

FILING FEE

FEES: Authority has been given in Paper

No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT

RECEIVED

No. \_\_\_\_\_ for following:

380

☐ All Fees☐ 1.16 Fees ( Filing )☐ 1.17 Fees ( Processing Ext. of  
time )☐ 1.18 Fees ( Issue )☐ Other \_\_\_\_\_☐ Credit



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Bib Data Sheet

CONFIRMATION NO. 6723

<b>SERIAL NUMBER</b> 09/443,072	<b>FILING OR 371(c) DATE</b> 11/18/1999 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3627	<b>ATTORNEY DOCKET NO.</b> 483-001
<b>APPLICANTS</b> BRIAN A. ROSENFELD MD, BALTIMORE, MD; MICHAEL BRESLOW, LUTHERVILLE, MD;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/141,520 06/23/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 01/05/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 56	<b>TOTAL CLAIMS</b> 14
Verified and Acknowledged Examiner's Signature _____ Initials _____	<b>INDEPENDENT CLAIMS</b> 2			
<b>ADDRESS</b> 22208				
<b>TITLE</b> SYSTEM AND METHOD FOR PROVIDING CONTINUOUS, EXPERT NETWORK CRITICAL CARE SERVICES FROM A REMOTE LOCATION(S)				
<b>FILING FEE RECEIVED</b> 380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	